

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be reimbursement of \$10,389.00 for dates of service commencing on 04/30/01 and extending through 01/09/02.
- b. The request was received on 03/13/02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60 and Letter Requesting Dispute Resolution
  - b. EOB/TWCC 62 forms/Medical Audit summary
  - c. Medical Records
  - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
  - a. TWCC 60
  - b. Medical Audit summary/EOB/TWCC 62 form
  - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 06/28/02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 07/01/02. The response from the insurance carrier was received in the Division on 06/27/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of additional information submitted is reflected as Exhibit III of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: Letter dated 06/21/02

“All request for physical therapy have been denied regardless of medical consultations, examinations, and recommendations by (Claimant's) primary treating physician, two neurosurgeons, two orthopedic surgeons and a physical therapist. At this date (Claimant)

has undergone physical therapy for one week with.... She stopped going because she was informed they had received a denial for treatment. Otherwise she had had [sic] no physical therapy during that period of treatment due to denials.... (Claimant) was then referred to Dr..., an orthopedic surgeon with ... on September 10, 2001. Dr... reported the following: (Claimant) was seen by my office (Dr...) where we ‘performed comprehensive rehabilitative therapy over two months with initial good improvement.’... As to the statement above, in Dr... report that we ‘performed comprehensive rehabilitative therapy.’ This statement is not accurate. (Claimant) had not received any formal physical therapy in this office at that time. She was referred to a physical therapist and began treatment which was discontinued by her work comp carrier. While this office had been awaiting authorization to provide Synergy Rehabilitation, I have given the patient supportive care. For several months, many of the modalities and therapies I have provided have been denied. **‘...Three different physicians have recommended basically the same therapeutic procedures be employed. All have recommended continued chiropractic treatments, passive therapy, rehabilitation and invasive pain management if clinically indicated. All of the procedures have been denied thus far by the Carrier.’**

2. Respondent: No position statement found in file.

#### IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on 04/30/01 and extending through 01/09/02.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. Per the Requestor’s Table of Disputed Services, the Requestor billed the Carrier \$10,389.00 for services rendered on the date of service in dispute above.
4. Per the Requestor’s Table of Disputed Services, the Carrier paid the Requestor \$0.00 for services rendered on the date of service in dispute above and denied as “A TWCC RULE 134.600 (H), TREATMENT REQUIRES PREAUTHORIZATION” and “A – PREAUTHORIZATION HAS BEEN DENIED.”
5. Carrier’s preauthorization denial, dated 06/29/01, states “NONAPPROVAL FOR THE REQUESTED PHYSICAL THERAPY 3 X WEEK FOR 4 WEEKS. THE MEDICAL NECESSITY FOR ADDITIONAL PHYSICAL MEDICINE CARE BEYOND THAT WHICH COULD REASONABLY BE PROVIDED WITH AN IN HOME EXERCISE PROGRAM IS NOT APPARENT... Another preauthorization denial dated 07/02/01 states, “THE MEDICALLY NECESSITY FOR ONGOING PT BEYOND AND ‘IN HOME’ EXERCISE PROGRAM IS NOT APPARENT...” Additional preauthorization denials dated 08/09/01 and 10/09/01 continue to deny physical therapy.
6. Per the Requestor’s Table of Disputed Services, the amount in dispute is \$10,389.00 for services rendered on the date of service in dispute above.

7. The Requestor did not submit HCFA 1500s to support services billed. The Carrier's response also did not include HCFA 1500s; however, they did include EOBs indicating that the billed services were received. Additionally, the Carrier has not questioned the Requestor's initial billing.

## **V. RATIONALE**

Medical Review Division's rationale:

The Requestor has submitted medical documentation to show physical therapy services were performed. Carrier denied these services as, "A TWCC RULE 134.600 (H), TREATMENT REQUIRES PREAUTHORIZATION" and "A – PREAUTHORIZATION HAS BEEN DENIED". For dates of service commencing on 04/30/01 and extending through 12/10/01, TWCC Rule 134.600 (h) (10) states, "...physical therapy or occupational therapy beyond eight weeks of treatment." must be preauthorized. The Carrier denied preauthorization for continued physical therapy services for these dates on 06/29/01, 07/02/01, 08/09/01 and 10/09/01. TWCC Rule 134.600 does not require preauthorization for dates of service rendered after 01/01/02. Therefore, remaining dates of service, 01/02/02, 01/04/02, 01/07/02 and 01/09/02, do not require preauthorization and reimbursement in the amount of \$312.00 for these dates is recommended.

## **VI. ORDER**

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$312.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 2nd day of October 2002.

Denise Terry  
Medical Dispute Resolution Officer  
Medical Review Division  
DT/dt